



Grapevine Parks & Recreation

2010 Summer Girls Youth Volleyball



League Information

Registration: May 22 - June 4, 2010

Late Registration: June 5 - 11, 2010 (add 10% fee)

**Fees: \$55 / \$65 Individual (resident/non-resident)
\$210 / \$230 Team (resident/non-resident)**

Coach's Meeting: June 19, 2010 @ 9am

Season Dates: July 10 - August 14, 2010

Play OFTEN - Play GRAPEVINE

www.gvpard.com

817.410.3470

Summer 2010 Youth Volleyball Registration Form

Parent or Coach Name: _____ Participant/Team Name: _____
 Address: _____ City: _____ Zip: _____
 Home/Work Phone: _____ / _____
 Email Address: _____
 Player Information: **Age as of September 1, 2009**
 Gender: _____ Birthdate: _____ Age: _____ Grade: _____ Height: _____' _____" **Please Indicate Jersey Size:**
 School: _____ Youth Sizes _____YS (6-8) _____YM (10-12) _____YL (14-16)
 Number of Years in Youth Volleyball Program: _____ Adult Sizes _____AS _____AM _____AL _____AXL

Please Indicate Desired division of play below:

Individual Resident: (\$55.00 per child)

8 & under Girls (612406-12) 10 & under Girls (612400-12)

Individual Non-Resident: (\$65.00 per child)

12 & under Girls (612401-12) 14 & under Girls (612402-12)

Team Resident: (\$210.00 per team)

8 & under Girls (612407-12) 10 & under Girls (612403-12)

Team Non-Resident: (\$230.00 per team)

12 & under Girls (612404-12) 14 & under Girls (612405-12)



I/WE THE PARENTS AND/OR GUARDIANS OF THE ABOVE NAMES CHILD DO HEREBY GIVE MY/OUR APPROVAL OF MY/OUR CHILD'S PARTICIPATION IN ANY AND ALL OF THE ACTIVITIES. I/WE DO FURTHER HEREBY RELEASE, ABSOLVE, INDEMNIFY, AND HOLD HARMLESS THE CITY OF GRAPEVINE AND ITS EMPLOYEES, ACTIVITY OFFICIALS, ACTIVITY SUPERVISORS, ANY OR ALL OF THEM IN THE EVENT OF ANY ACCIDENT, INJURY, OR DEATH SUSTAINED BY MY/OUR CHILD WHILE BEING TRANSPORTED TO OR FROM AN ACTIVITY, OR WHILE PARTICIPATION IN ANY ACTIVITY FROM ANY LIABILITY OF ANY KIND WHATSOEVER. I ALSO GIVE PERMISSION FOR ANY PHOTOGRAPHS TAKEN DURING THESE ACTIVITIES TO BE USED FOR PROMOTIONAL USES FOR THE PARD IN THE FUTURE. I FURTHER UNDERSTAND THAT THE SHIRT SIZE FOR MY CHILD INDICATED BELOW IS THE SIZE I DESIRE FOR HIM/HER. I UNDERSTAND THAT IF THE SHIRT DOES NOT FIT HIM/HER, I WILL BE RESPONSIBLE FOR REIMBURSING THE CITY OF GRAPEVINE THEIR DIRECT COST OF RE-ORDERING THE SHIRT. I ALSO FULLY UNDERSTAND THAT THERE ARE NO GUARANTEES ON TEAM OR COACH PLACEMENT FOR MY CHILD REGARDLESS OF ANY REASON(S) WHATSOEVER.

PARENT/GUARDIAN SIGNATURE _____ DATE _____

Please check the areas you are willing to assist with: Coach _____ Asst. Coach _____ Name: _____ Phone: _____